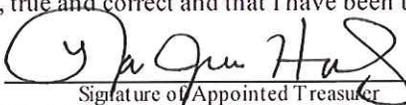


Disclosure Report Cover

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT CHARLES EVANS			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
6720 - 1 WILLOWBROOK DR UNIT 1 FAYETTEVILLE, NC 28314		07/09/2014	
		c. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	04/20/2014	06/30/2014	LAURA HARDY
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
1			
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
CAPITAL BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
RECEIPTS AND EXPENDITURES	100		
	d. Period Begin Balance		d. Period Begin Balance
	\$		\$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board			
<u>Laura J. Hardy</u> Printed Name of Signer		 Signature of Appointed Treasurer	
		<u>07/09/2014</u> Date	
FOR OFFICE USE ONLY			
Date Received:	JUL 9 2014	Employee:	<u>Arzi</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
			Delivery Method
			<input type="checkbox"/> Normal Mail
			<input type="checkbox"/> Registered Mail
			<input checked="" type="checkbox"/> Hand Delivered
			<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> Signer has not received mandatory training
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
COMMITTEE TO ELECT CHARLES EVANS	2014 Second Quarter		
Start of Election Cycle: January 1, <u>2011</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4,414.29	\$ 1,456.72
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1,955.00	\$ 3,825.00
6) Contributions from Individuals	(CRO-1210)	\$ 4,590.00	\$ 21,229.09
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 250.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 1.25	\$ 1.25
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 6,546.25	\$ 25,305.34
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 8,046.90	\$ 21,332.64
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 632.52	\$ 898.47
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 235.00	\$ 2,035.74
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 449.09
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 8,914.42	\$ 24,715.94
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,046.12	\$ 2,046.12
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 235.00	\$ 586.65

Aggregated Contributions from Individuals

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/12/2014	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/06/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/10/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/18/2014	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/04/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/18/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		05/28/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/18/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/03/2014	\$	25.00
4. Total only this Page					\$	\$740.00
5. Total of ALL CRO-1205 Pages					\$	\$1,955.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/05/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/27/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		05/28/2014	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		05/24/2014	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		05/23/2014	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/18/2014	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		05/18/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		05/28/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		05/19/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		05/28/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/18/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/09/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		05/28/2014	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		05/28/2014	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/04/2014	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		05/15/2014	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$	20.00
4. Total only this Page					\$	\$690.00
5. Total of ALL CRO-1205 Pages					\$	\$1,955.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m/m/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		05/23/2014	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		05/28/2014	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/10/2014	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		04/22/2014	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/05/2014	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		05/13/2014	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/02/2014	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		05/28/2014	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		06/19/2014	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		06/16/2014	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		05/28/2014	\$ 20.00	
4. Total only this Page					\$ 525.00	
5. Total of ALL CRO-1205 Pages					\$ 1,955.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GLENN ADAMS 407 HILLIARD DR FAYETTEVILLE, NC 28311				ATTORNEY			
				c. Employer's Name/Specific Field			
				ADAMS, BURGE & BOUGHMAN		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	100	Cash		05/28/2014	\$ 50.00		
<input type="checkbox"/>	100	Cash		06/16/2014	\$ 50.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ADAM BEYAH PO BOX 40434 FAYETTEVILLE, NC 28309				ACCOUNTANT			
				c. Employer's Name/Specific Field			
				BEYAH ACCOUNTING		e. Election Sum to Date	
						\$ 180.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	100	Check		06/17/2014	\$ 80.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CYNTHIA BREWINGTON PO BOX 9842 FAY, NC 28311				SELF EMPLOYED			
				c. Employer's Name/Specific Field			
				CYNTHIA BREWINGTON		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	100	Check		06/22/2014	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 230.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,590.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT CHARLES EVANS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PAUL CRENSHAW 403 WAYBERRY DR. FAYETTEVILLE, NC 28303			ATTORNEY			
			c. Employer's Name/Specific Field			
			WILLIFORD, HOLLERS, CRENSHAW, BOLIEK & FRANGAKIS		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		06/20/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT DALTON 921 TOCHESTER DR. FAYETTEVILLE, NC 28305						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Money Order		06/10/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SYLVESTER EJEH PO BOX 41035 FAYETTEVILLE, NC 28309			DOCTOR			
			c. Employer's Name/Specific Field			
			CARDIOLOGIST		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		06/16/2014	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,590.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT CHARLES EVANS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HENRY GADDY 3658 ROCKHURST DR. FAYETTEVILLE, NC 28306						
					e. Election Sum to Date	
					\$ 65.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		06/16/2014	\$ 25.00	
<input type="checkbox"/>	100	Cash		06/18/2014	\$ 40.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT GADDY NC						
					e. Election Sum to Date	
					\$ 90.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Cash		06/16/2014	\$ 50.00	
<input type="checkbox"/>	100	Cash		06/18/2014	\$ 40.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ERNEST GOODSON 1801 LAKESHORE DR FAYETTEVILLE, NC 28305			DENTIST			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		05/20/2014	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 305.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,590.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT CHARLES EVANS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HAZEL GRAHAM 6145 LOUISE ST. FAYETTEVILLE, NC 28314			SECRETARY			
			c. Employer's Name/Specific Field Religious, Grantmaking, Civic, Professional, and Similar Organizations			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		06/16/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BOBBY HILL 5311 BROOKFIELD RD FAYETTEVILLE, NC 28303			MILITARY			
			c. Employer's Name/Specific Field RETIRED			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		06/16/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
D RALPH HUFF III 325 HAY STREET UNIT 401 FAYETTEVILLE, NC 28301			CHAIRMAN			
			c. Employer's Name/Specific Field H&H HOMES			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		06/10/2014	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,590.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT CHARLES EVANS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AARON JOHNSON 1915 ERNEST ST FAYETTEVILLE, NC 28301			OWNER			
			c. Employer's Name/Specific Field			
			BUSINESS		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		05/03/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GLENDER JONES-PEE 448 SHORELINEDR. FAY, NC 28311			ACCOUNTANT			
			c. Employer's Name/Specific Field			
			Administrative and Support Services		e. Election Sum to Date	
					\$ 140.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		06/13/2014	\$ 40.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLASEANIA KING 1101 MASTERPIECE DR HOPE MILLS, NC 28348			MINISTER			
			c. Employer's Name/Specific Field			
			Religious, Grantmaking, Civic, Professional, and Similar Organizations		e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	100	Check		03/24/2014	\$ 50.00	
<input type="checkbox"/>	100	Check		06/15/2014	\$ 100.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 240.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,590.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT CHARLES EVANS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS C LEAK 6213 PINTO CT. FAYETTEVILLE, NC 28303			VICAR			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		06/10/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EDITH LOVE NC						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 85.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Cash		04/20/2014	\$ 35.00	
<input type="checkbox"/>	100	Cash		06/16/2014	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DONOVAN MCLAURIN PO BOX 97 WADE, NC 28395			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			DONOVAN E MCLAURIN CO, INC.		e. Election Sum to Date	
					\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		06/24/2014	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 685.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,590.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT CHARLES EVANS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GRADY MIMS 602 HELEN ST. FAYETTEVILLE, NC 28303						
					e. Election Sum to Date	
					\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		05/19/2014	\$ 20.00	
<input type="checkbox"/>	190	Cash		06/16/2014	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RANDY MOORE 201 PUDDINGSTONE DR. FAYETTEVILLE, NC 28311			CEO			
			RLM COMMUNICATIONS		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		06/06/2014	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANN NEWELL 305 SOUTHLAND DR. FAYETTEVILLE, NC 28311			PASTOR			
			SOUL HARVEST APOSTOLIC CHURCH		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		06/22/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 670.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,590.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT CHARLES EVANS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOSEPH RIDDLE III 125 GREAT OAKS FAYETTEVILLE, NC 28303			OWNER			
			c. Employer's Name/Specific Field			
			RIDDLE PROPERTIES		e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		05/19/2014	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RAJAN SHAMDASANI PO BOX 564 FAYETTEVILLE, NC 28302			PRESIDENT			
			c. Employer's Name/Specific Field			
			AMERICAN UNIFORM SALES		e. Election Sum to Date	
					\$ 450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		05/16/2014	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CARRIE SUTTON 5422 SUMMERDUCK RD FAYETTEVILLE, NC 28314			FINANCIAL SERVICES			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		04/20/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,590.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT CHARLES EVANS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TERRI THOMAS 508 SPAULDING ST. FAYETTEVILLE, NC 28301						
					e. Election Sum to Date	
					\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Cash		06/16/2014	\$ 50.00	
<input type="checkbox"/>	100	Check		06/16/2014	\$ 60.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TRYPHINA WISEMAN 431 CUMBERLAND ST. FAYETTEVILLE, NC 28301			FUNERAL DIRECTOR			
			c. Employer's Name/Specific Field			
			WISEMAN FUNERAL HOME		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		05/08/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 210.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,590.00	

Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
AUTO AIR & VACUUM PLAINVIEW, NY			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/06/2014
					i. Original Expenditure Amt
					\$ 1.25
b. Job Title/Profession	c. Employer's Name/Specific Field		f. Purpose		j. Election Sum to Date
			REFUND		\$ 0.00
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
100	Electric Funds Tran			05/23/2014	\$ 1.25
4. Total only this Page					\$ 1.25
5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					\$ 1.25

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
A. PHILLIP RANDOLPH INSTITUTE 815 16TH STREET, NW WASHINGTON, DC 20006						c. Level Registered (Specify)	
						<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
						e. Election Sum to Date	
				\$		100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	H	05/13/2014	\$ 100.00	BANQUET		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CITGO VARIOUS FAYETTEVILLE, NC						c. Level Registered (Specify)	
						<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
						e. Election Sum to Date	
				\$		300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	H	06/01/2014	\$ 300.00	TRANSPORTATION		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ENTERPRISE RENTAL 3466 Bragg Blvd FAYETTEVILLE, NC 28303						c. Level Registered (Specify)	
						<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
						e. Election Sum to Date	
				\$		177.03	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Debit Card	H	05/19/2014	\$ 106.66	TRANSPORTATION		
				\$			
5. Total only this Page						\$ 506.66	
6. Total of ALL CRO-1310 Pages						\$ 8,046.90	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CHARLES EVANS 6720-1 WILLOWBROOK DR. UNIT 1 FAYETTEVILLE, NC 28314							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 157.29	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	H	04/29/2014	\$ 100.00	TRANSPORTATION		
100	Check	H	05/26/2014	\$ 57.29	TRANSPORTATION		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
EXXON MOBIL NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 162.39	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Debit Card	H	06/09/2014	\$ 58.67	TRANSPORTATION		
100	Debit Card	H	06/13/2014	\$ 58.77	TRANSPORTATION		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FAYETTEVILLE PRESS 3635 SYCAMORE DAIRY RD FAYETTEVILLE, NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	A	05/29/2014	\$ 750.00	ADVERTISING		
				\$			
5. Total only this Page						\$ 1,024.73	
6. Total of ALL CRO-1310 Pages						\$ 8,046.90	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT CHARLES EVANS						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
GOTPRINT.COM NC						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 174.52
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	Debit Card	B	05/06/2014	\$ 174.52	PRINTING	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
LAURA HARDY 2850 VILLAGE DR STE 202 FAYETTEVILLE, NC 28304						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 1,521.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	Check	E	04/22/2014	\$ 300.00		
100	Check	E	06/23/2014	\$ 200.00		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
HEALTHWISE 3620 RAMSEY ST FAYETTEVILLE, NC 28311						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 149.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	Debit Card	H	06/30/2014	\$ 149.80	MEALS	
				\$		
5. Total only this Page						\$ 824.32
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						\$ 8,046.90
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
KANGAROO EXPRESS VARIOUS FAYETTEVILLE, NC 28301				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 321.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Debit Card	H	06/17/2014	\$ 57.69	TRANSPORTATION		
100	Debit Card	H	06/30/2014	\$ 53.00	TRANSPORTATION		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
RONALD MULLINS NC				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	C	04/23/2014	\$ 100.00	ENTERTAINMENT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
NBC ENTERPRISE NC				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	A	06/16/2014	\$ 100.00	ADS		
				\$			
5. Total only this Page						\$ 310.69	
6. Total of ALL CRO-1310 Pages						\$ 8,046.90	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PHENOMENAL WOMEN'S LUNCHEON NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 90.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	C	06/09/2014	\$ 90.00	LUNCHEON		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
JEFFREY ROSS NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 580.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	O	06/26/2014	\$ 150.00	PHOTOGRAPHY		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SHAW UNIVERSITY NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 175.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	A	06/13/2014	\$ 50.00	AD		
100	Check	C	06/13/2014	\$ 125.00	BANQUET		
5. Total only this Page						\$ 415.00	
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						\$ 8,046.90	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT CHARLES EVANS						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SPEEDI PRINT 201 FRANKLIN ST. FAYETTEVILLE, NC 28301				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 645.74
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	Check	B	04/26/2014	\$ 69.55	INVITATIONS	
100	Check	B	05/08/2014	\$ 92.82	INVITATIONS	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
UKO AKA SORORITY PO BOX 53241 FAYETTEVILLE, NC 28305				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	Check	A	06/12/2014	\$ 100.00	AD	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
USPS 301 GREEN ST. FAYETTEVILLE, NC 28301				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 99.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	Check	I	05/15/2014	\$ 49.00		
				\$		
5. Total only this Page						\$ 311.37
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 8,046.90
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate	E - Salaries	F* - Equipment	G - Political Party
I - Postage	J - Penalties	K* - Office Expenses	H* - Holding Public Office Expenses	O* Other	Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT CHARLES EVANS						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
BRYAN VAIAGAE NC			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	Check	C	04/22/2014	\$ 100.00	ENTERTAINING	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
VERIZON WAYNE, NJ			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	Debit Card	H	06/23/2014	\$ 174.72	TELEPHONE	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
WALMART 1550 Skibo Rd FAY, NC 28303			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	Debit Card	O	06/19/2014	\$ 102.89	SUPPLIES	
100	Debit Card	H	06/23/2014	\$ 231.52	SUPPLIES	
5. Total only this Page					\$ 609.13	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 8,046.90	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Amendment

Pg 9 of 10 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WE PRINT IT 3308 BRAGG BLVD STE: 132 FAYETTEVILLE, NC 28303				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 325.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Debit Card	B	04/21/2014	\$ 325.00	T SHIRTS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WIDU 1338 BRAGG BLVD FAYETTEVILLE, NC 28301				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1,650.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	A	05/30/2014	\$ 1,000.00	ADVERTISING		
100	Check	A	06/01/2014	\$ 600.00	ADVERTISING		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TROY WILLIAMS NC				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	E	06/23/2014	\$ 1,500.00			
				\$			
5. Total only this Page						\$ 3,425.00	
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 8,046.90	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment

Pg 10 of 10 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
WOOTEN GRAPHICS 172 Hinkle Lane WELCOME, NC 27374				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		\$ 1,902.71
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	Debit Card	B	05/16/2014	\$ 150.00	GRAPHICS/PRINTING	
				\$		
5. Total only this Page					\$ 150.00	
6. Total of ALL CRO-1310 Pages					\$ 8,046.90	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	H	05/06/2014	\$ 1.25	AUTO
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check	C	06/24/2014	\$ 36.20	MEALS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	H	06/23/2014	\$ 5.05	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	H	05/12/2014	\$ 30.00	TRANSPORTATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check	C	04/25/2014	\$ 20.00	FUNDRAISER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check	E	06/26/2014	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	H	05/05/2014	\$ 46.91	MEALS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	H	05/16/2014	\$ 17.95	MEALS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	H	06/06/2014	\$ 29.07	MEALS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	H	05/05/2014	\$ 30.00	TRANSPORTATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	H	05/08/2014	\$ 30.00	TRANSPORTATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	H	05/14/2014	\$ 30.00	TRANSPORTATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	H	06/12/2014	\$ 17.78	MEALS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	H	06/23/2014	\$ 8.61	MEALS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	H	06/23/2014	\$ 49.63	TRANSPORTATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	C	06/23/2014	\$ 9.59	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Debit Card	F	05/05/2014	\$ 26.11	ELECTRONIC EQUIPMENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check	H	05/05/2014	\$ 40.00	TRANSPORTATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check	K	05/05/2014	\$ 50.00	GRAPHIC DESIGN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check	E	06/01/2014	\$ 40.00	
4. Total only this Page					\$	568.15
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	632.52
6. Purpose Codes (List detailed expenditure code in (d) above)						
	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	100	Debit Card	K	06/20/2014	\$ 20.21	SUPPLIES
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	100	Debit Card	H	06/23/2014	\$ 44.16	SUPPLIES
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 64.37	
5. Total of ALL CRO-1315 Pages					\$ 632.52	
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party		H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses		Q* - Donations to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

Refunds/Reimbursements From the Committee pg 1 of 1 Amendment Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
CHARLES EVANS 6720-1 WILLOWBROOK DR. UNIT 1 FAYETTEVILLE, NC 28314		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		05/26/2014	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				i. Original Receipt Amount	
				\$ 235.00	
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
CIVIL SERVICE		CUMBERLAND COUNTY		P	
				j. Election Sum to Date	
				\$ 90.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
100	Check	TELEPHONE		05/26/2014	\$ 235.00
4. Total only this Page				\$ 235.00	
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 235.00	
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kin		O* - Other			
* Codes require detailed explanation in required remarks field (m)					

Contributions to be Reimbursed

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
COMMITTEE TO ELECT CHARLES EVANS			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
CHARLES EVANS 6720-1 WILLOWBROOK DR. UNIT 1 FAYETTEVILLE, NC 28314		CHARLES EVANS 6720-1 WILLOWBROOK DR. UNIT 1 FAYETTEVILLE, NC 28314	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
TELEPHONE SERVICE	05/26/2014	N	\$ 235.00
4. Total only this Page			\$ 235.00
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 235.00